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| <b>PATENT APPLICATION FEE DETERMINATION RECORD</b><br>Substitute for Form PTO-875                                                                                                                  |                                                                 |                                           |                                          |                                             |                  | Application or Docket Number<br><span style="font-size: 1.2em;">101600, 798</span> |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------|------------------------------------------|---------------------------------------------|------------------|------------------------------------------------------------------------------------|--|
| <b>CLAIMS AS FILED – PART I</b><br><div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>(Column 1)</span> <span>(Column 2)</span> </div>                            |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| FOR                                                                                                                                                                                                | NUMBER FILED                                                    | NUMBER EXTRA                              |                                          |                                             |                  |                                                                                    |  |
| BASIC FEE<br>(37 CFR 1.16(a))                                                                                                                                                                      | <span style="font-size: 1.5em;">21</span>                       |                                           |                                          |                                             |                  |                                                                                    |  |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                                                                                                                                                                   | <span style="font-size: 1.5em;">21</span>                       | minus 20 =                                | <span style="font-size: 1.5em;">1</span> |                                             |                  |                                                                                    |  |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))                                                                                                                                                             | <span style="font-size: 1.5em;">7</span>                        | minus 3 =                                 | <span style="font-size: 1.5em;">4</span> |                                             |                  |                                                                                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))                                                                                                                                                  |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2.                                                                                                                          |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| <b>CLAIMS AS AMENDED – PART II</b><br><div style="display: flex; justify-content: space-around; font-size: 0.8em;"> <span>(Column 1)</span> <span>(Column 2)</span> <span>(Column 3)</span> </div> |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| AMENDMENT A                                                                                                                                                                                        | <span style="font-size: 1.2em;">42717</span>                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                                                                                    |  |
|                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))                                       | <span style="font-size: 1.5em;">20</span> | Minus                                    | <span style="font-size: 1.5em;">21</span>   | =                |                                                                                    |  |
|                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(b))                                 | <span style="font-size: 1.5em;">7</span>  | Minus                                    | <span style="font-size: 1.5em;">7</span>    | =                |                                                                                    |  |
|                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |                                          |                                             |                  |                                                                                    |  |
|                                                                                                                                                                                                    |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| AMENDMENT B                                                                                                                                                                                        |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                                                                                    |  |
|                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))                                       | *                                         | Minus                                    | **                                          | =                |                                                                                    |  |
|                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(b))                                 | *                                         | Minus                                    | ***                                         | =                |                                                                                    |  |
|                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |                                          |                                             |                  |                                                                                    |  |
|                                                                                                                                                                                                    |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| AMENDMENT C                                                                                                                                                                                        |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |                                                                                    |  |
|                                                                                                                                                                                                    | Total<br>(37 CFR 1.16(c))                                       | *                                         | Minus                                    | **                                          | =                |                                                                                    |  |
|                                                                                                                                                                                                    | Independent<br>(37 CFR 1.16(b))                                 | *                                         | Minus                                    | ***                                         | =                |                                                                                    |  |
|                                                                                                                                                                                                    | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |                                          |                                             |                  |                                                                                    |  |
|                                                                                                                                                                                                    |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| SMALL ENTITY                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| RATE                                                                                                                                                                                               | FEE                                                             |                                           |                                          |                                             |                  |                                                                                    |  |
|                                                                                                                                                                                                    | \$ _____                                                        |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| + \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| TOTAL                                                                                                                                                                                              |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| OTHER THAN SMALL ENTITY                                                                                                                                                                            |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| RATE                                                                                                                                                                                               | FEE                                                             |                                           |                                          |                                             |                  |                                                                                    |  |
|                                                                                                                                                                                                    | \$ _____                                                        |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| + \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| TOTAL                                                                                                                                                                                              |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| SMALL ENTITY                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| RATE                                                                                                                                                                                               | ADDI-<br>TIONAL<br>FEE                                          |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| + \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| TOTAL<br>ADD'L FEE                                                                                                                                                                                 |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| OTHER THAN SMALL ENTITY                                                                                                                                                                            |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| RATE                                                                                                                                                                                               | ADDI-<br>TIONAL<br>FEE                                          |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| X \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| + \$ _____ =                                                                                                                                                                                       |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |
| TOTAL<br>ADD'L FEE                                                                                                                                                                                 |                                                                 |                                           |                                          |                                             |                  |                                                                                    |  |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.